DECLARATION AND POWER OF ATTORNEY FOR

PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEMS AND METHODS FOR INTEGRATING DISEASE MANAGEMENT INTO A PHYSICIAN WORKFLOW

| the specifica | ation of which (c | theck one) | |
|-------------------------------|--------------------------------------|-----------------------------|---|
| is atta | ached hereto. | | |
| | pplication Seria | (if applicable) | |
| | • | | rstand the contents of the above identified amendment referred to above. |
| | _ | - | on which is material to the patentability of ederal Regulations, §1.56. |
| foreign appl below any f | lication(s) for porceign application | atent or inventor's certifi | Title 35, United States Code, §119 of any cate listed below and have also identified a certificate having a filing date before that |
| Prior Foreign Application(s): | | | Priority Claimed |
| (Number) | (Country) | (Day/Month/Year) | Yes No |
| I her | eby claim the be | enefit under Title 35, Uni | ted States Code, §120 of any United States |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose

information material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial #)

(Filing date)

(Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

J. Davis Gilmer, Reg. No. 44,711

Send correspondence to: J. Davis Gilmer, PO Box 1014, Austin, Texas 78767 and direct all telephone calls to Mr. Gilmer at 512/479-0238.

| FULL NAME OF FIRST INVENTOR: | Michael D. Dahlin | |
|------------------------------|--------------------------|--|
| INVENTOR'S SIGNATURE: | | |
| INVENTOR S SIGNATURE. | | |
| DATE: | | |
| RESIDENCE: | Austin, Texas | |
| RESIDENCE. | rusin, roas | |
| CITIZENSHIP: | U.S.A. | |
| | 118 Bluff Park Circle | |
| POST OFFICE ADDRESS: | Austin, Texas 78746 | |
| | | |
| FULL NAME OF THIRD INVENTOR: | Randolph B. Lipscher | |
| | | |
| INVENTOR'S SIGNATURE: | | |
| | | |
| DATE: | | |
| DECIDENCE. | Associal Transport | |
| RESIDENCE: | Austin, Texas | |
| CITIZENSHIP: | U.S.A. | |
| | 12349 Metric Blvd. #1524 | |
| POST OFFICE ADDRESS: | Austin, Texas 78758 | |

| FULL NAME OF FIFTH INVENTOR: | Charles Andrew Bergman | |
|------------------------------|---|--|
| INVENTOR'S SIGNATURE: | | |
| DATE: | | |
| RESIDENCE: | Lutherville-Timonium, Maryland | |
| CITIZENSHIP: | U.S.A. 2 Tenby Court | |
| POST OFFICE ADDRESS: | Lutherville-Timonium, Maryland 21093-1842 | |
| FULL NAME OF FIFTH INVENTOR: | Eric Wohl | |
| INVENTOR'S SIGNATURE: | | |
| DATE: | | |
| RESIDENCE: | Austin, Texas | |
| CITIZENSHIP: | U.S.A. 2900 Lantana Ridge Dr. | |
| POST OFFICE ADDRESS: | Austin, Texas 78732-2009 | |